

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5374-63-021387** STATE ID NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 27 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
240133	
3	
4	0
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11	148
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

55

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Missouri		c. CITY OR TOWN Florissant	
Length of stay in 1b 3 Weeks		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Cardinal Glennon Hospital		d. STREET ADDRESS (If outside, give location) 2060 Flamingo Dr.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robert Ross Bub			4. DATE OF DEATH Month Day Year 5 18 63
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/5/62
9. AGE (last birthday) 8 mos	IF UNDER 1 YEAR Months Days Hours Min. 8 13	IF UNDER 24 HR Hours Min. 8 13	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Robert L. Bub		13b. MOTHER'S MAIDEN NAME Verla (Howie)	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Robert L. Bub 2060 Flamingo Dr.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest, resuscitated twice DUE TO (b) Probable septicemia DUE TO (c) 35% 3° burn CONDITIONS, if any, which gave rise to above cause (a), (b), or (c) (Type the underlying cause last.) Septicemia 5-20-63			INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 15 days 20 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Boiling water spilled on child.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Boiling water spilled on child.	
20c. TIME OF INJURY Hour Month, Day, Year 4:28-63			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION St. Louis	STATE Mo.
21. I attended the deceased from 4-28-63 to 5-18-63 and last saw him alive on 5-28-63 Death occurred at 5/18/63 @ 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.T. Van Noorman M.D.		22b. ADDRESS 634 N. Grand	22c. DATE SIGNED 5-18-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-20-63	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus	23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 So. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. MAY 20 1963	26. REGISTRAR'S SIGNATURE Road Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Crist W. Spillars

Licensed Embalmer No.

14080

P. O. Address

St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.